



APPLICATION FOR LICENSE TO OPERATE A CHILDREN'S HOME OR CHILD CARE INSTITUTION

State Form 45158 (R2 / 10-05) / CW 0050

DEPARTMENT OF CHILD SERVICES (DCS)
402 West Washington Street, Room W392, MS03
Indianapolis, IN 46204

- Instructions:
1. Complete the original and two (2) copies and keep one (1) copy.
 2. Send the original and one (1) copy to the Department of Child Services.
 3. Applicant's initials (Section I) and signature (Section VIII) must be by hand.
 4. Forward completed application to address upper right corner of this form.

SECTION I

Applicants for a Child Caring Institution license must initial / date each license required. (1a and/or 1b)

Applicants for a Group Home license must initial / date each license required. (2a and/or 2b)

1a. Child Caring Institution Long Term Care (470 IAC 3-11)	Initial		2a. Group Home [Ten (10) or less] Long Term Care (470 IAC 3-14)	Initial
	Date			Date
1b. Child Caring Institution Emergency Shelter Care (470 IAC 3-12)	Initial		2b. Group Home [Ten (10) or less] Emergency Shelter Care (470 IAC 3-15)	Initial
	Date			Date

SECTION II

Complete or correct the following residential facility and parent agency information.

3a. Name of Residential Facility	3b. Facility telephone number ()	3c. Location address of this facility	3d. City, State, and ZIP of Facility
4a. Name of Parent Agency	4b. Parent Agency telephone number ()	4c. Location address of Parent Agency	4d. City, State, and ZIP of Parent Agency
5a. Private or Public Auspices	6a. Mailing Address of Parent Agency	6b. City, State, ZIP of Mailing Address	7. FSSA Assigned License Number
5b. Not-for-Profit or Profit Agency			

SECTION III

Complete the following information regarding the children for whom license is requested.

8a. Number of children in Long Term Care	8c. Age of children in Long Term Care	8e. Gender (sex) of children in Long Term Care
8b. Number of children in Emergency Shelter Care	8d. Age of children in Emergency Shelter Care	8f. Gender (sex) of children in Emergency Shelter Care
8g. Number of children living in institution or group home with parents who are resident staff members		8h. Total number of children (Total = 8a + 8b + 8g)
9a. Per Diem charged for care: Low Rate ENCLOSE ATTACHMENT G \$		9b. Per Diem charged for care: High Rate ENCLOSE ATTACHMENT G \$

SECTION IV

Complete the following information regarding the President of the governing body of the parent agency and attach a list of all members of the governing body, giving name, full address, occupation and telephone number (*Attachment C*).

10a. Name of President of governing body	10b. Full address	10c. Occupation	10d. Telephone number ()
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SECTION V

Complete the following information regarding the administrator of the residential facility and attach a complete list of all facility staff members, giving name, position, and date of employment (*Attachment D*).

11a. Name of Administrator	11b. Official title	11c. Date of employment (month, day, year)
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SECTION VI

ATTACHMENTS: All required attachments listed herein must be submitted with the application as designated under 470 IAC 3-11, 3-12, or 3-14, 3-15.

- A. Criminal history affidavit. Required with initial application and annual application for person signing application. Use State Form provided.
- B. Financial resources, financial audit or review. Required with initial application and annual application.
- C. List of members of governing body, including name, address, occupation, and telephone number. Required with initial application and annual application.
- D. List of facility staff members, including name, position, date of employment, and assigned facility. Required with initial application and annual application.
- E. List of contractual positions, including name, position, and date(s) of contract. Required with initial application and annual application.
- F. List of vacant positions in agency. Required with initial application and annual application.
- G. Statement of fees charged (*per diem*) and identification of services included in per diem. Required with initial application and annual application.
- H. Plan of operation. Required with initial application, or if revised since last application.
- I. Incorporation papers, if parent agency is incorporated. Required with initial application, or upon incorporation.
- J. Personnel policies. Required with initial application; required if revised since last application.
- K. Policies on admission criteria and admission application. Required with initial application, or if revised since last application.
- L. Policies on categories of children accepted and not accepted for care. Required with initial application, or if revised since last application.
- M. Policies and description of care provided. Required with initial application, or if revised since last application.
- N. Policies on release or discharge of children. Required with initial application, or if revised since last application.
- O. Religion practices and policies. Required with initial application, or if revised since last application.
- P. Policies on visiting and correspondence. Required with initial application, or if revised since last application.
- Q. Statement of area served by the institution or group home. Required with initial application and annual application.
- R. Child caring institutions only. Policies on use of mechanical restraints and/or confinement room if either is used. Required with initial application, or if revised since last application.

SECTION VII

Statement of certification

I certify that all statements made in this application and any attachments thereto are correct to the best of my knowledge. I further certify that no person, on the grounds of race, religion, color or national origin, shall be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which this institution receives public financial assistance directly or indirectly, including assistance administered by any local DCS office through the payment of per diem.

SECTION VIII

Application must be signed by the president of the governing body, the administrator, or other person designated by the governing body board to apply for this license.

Signature of applicant in full (*signature must be by hand*)

Typed name of applicant

Official title

Date (*month, day, year*)